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Utilizing Service Learning to Engage Students in Advocacy for Suicide Prevention

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Utilizing Service Learning to Engage Students in Advocacy for Suicide Prevention

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Introduction

It is proposed that the **American Foundation for Suicide Prevention (AFSP)** and the **University of Massachusetts (UMass)** partner to develop, pilot, and evaluate a program that utilizes a service learning approach to achieve goals of cognitive, affective, and procedural growth towards advocacy in suicide prevention. This program would provide important learning opportunities for students about marginalized health issues, professional responsibility, and the role of advocacy in health care. It would also present evidence of efficacy that would establish a basis for transfer to other institutions.

A Partnership

AFSP strives to reduce suicide attempts and deaths through research, education, and advocacy. AFSP has been at the forefront of changing minds about suicide prevention and creating effective means of intervention. **UMass** has a long history and deep commitment to health advocacy. Its mission includes to "conduct programs of research and public service that advance knowledge and improve the lives of the people of the Commonwealth, the nation and the world". A partnership to promote effective advocacy for suicide prevention would be clearly fall within the goals of both institutions.

Suicide: A Public Health Imperative

Suicide is the 10th leading cause of death in the U.S.¹ Although no official data is kept on suicide attempts, 494,169 people were treated for injuries due to self-harm in 2013.² Surveys suggest that at least one million people in the U.S. each year attempt suicide and many more suffer from suicidal ideations - illustrating that many suicide attempts go unreported or untreated (Figure 1).

It is estimated that mental illness is a factor in 90% of suicides – most often depression. Although treatment has been shown to decrease suicide, mental illness is often undiagnosed and/or untreated for many reasons including lack of knowledge, stigma about mental illness, and/or access to care.³



Image 1:
Rally on
State
House
steps

Suicide Prevention

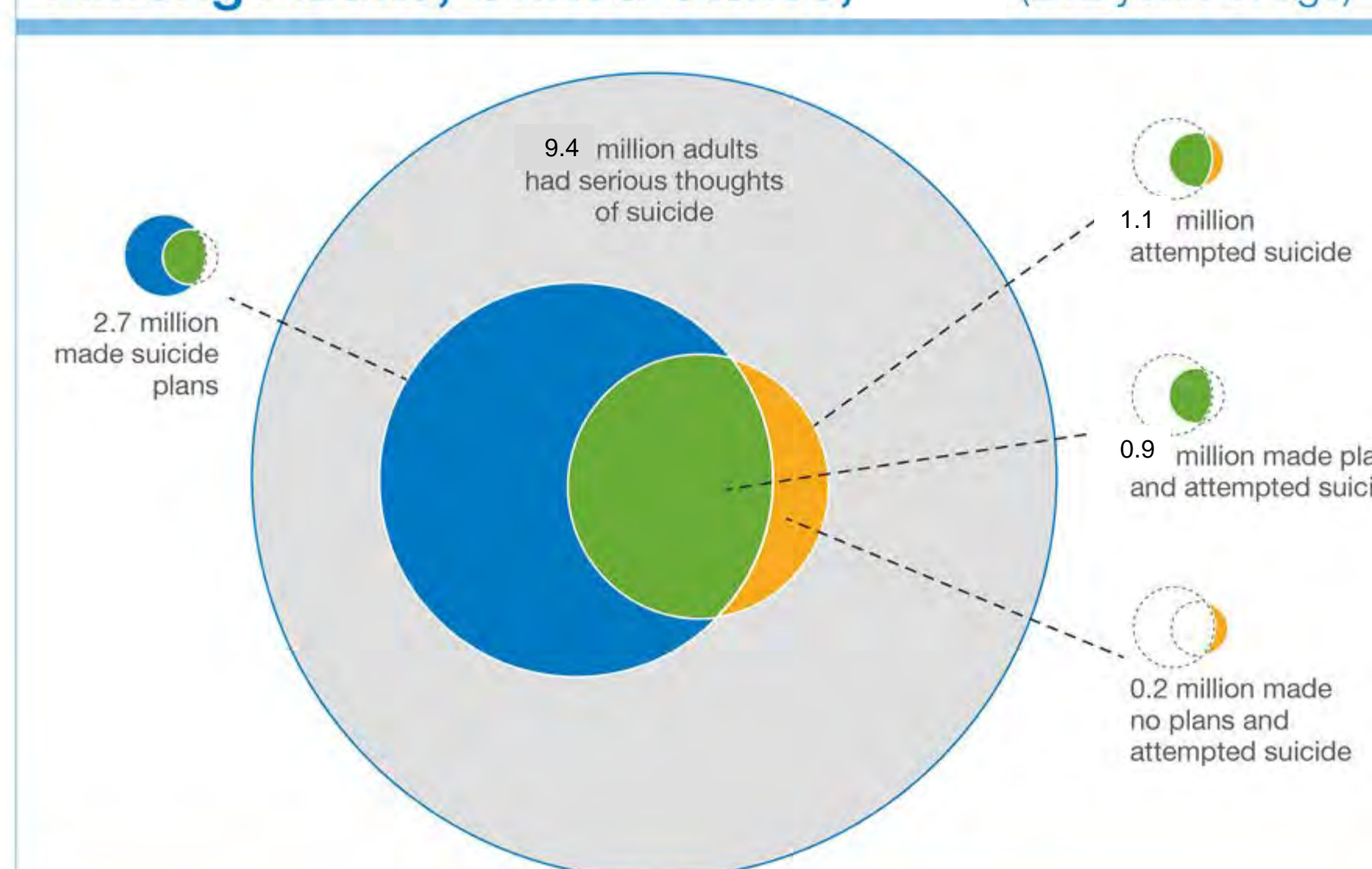
Prevention is dependent on accurately identifying people at risk and implementation of effective interventions to diminish these risks. This knowledge base requires extensive research to understand the complexities of the subject and the realities of implementation. There is a growing foundation of information on the prevention of suicide which includes the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices – however, there is much more work that needs to be done.

Role of Professionals in Healthcare

Although specific mental illness has been linked as a risk factor for suicide, people with physical illnesses such as neurological disorders, cancer, HIV related illness and chronic musculoskeletal pain can also be more susceptible.^{4,5,6} In 2002, meta-analysis of 40 studies found that, on average, 45% of people who died by suicide had contact with their primary care provider within the past month.⁷ Healthcare professionals are in a key position to identify people who are suicidal and connect them with appropriate services. There is also a growing recognition that the health of any one person is embedded in their community. Focus has broadened from a disease-centered approach to include factors such as access to healthcare and health literacy. Suicide prevention can be touched by a variety of people and professions – not only those typically associated with mental health.⁸ It is the professional responsibility of those working in healthcare to be active advocates for underserved populations where care is not optimal.

Figure #1:

Suicidal Thoughts and Behavior in the Past Year Among Adults, United States, 2014 (≥18 years of age)



Source: National Survey on Drug Use and Health, 2013

Retrieved from: <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR2-2014/NSDUH-FRR2-2014.pdf>

Role of Advocacy

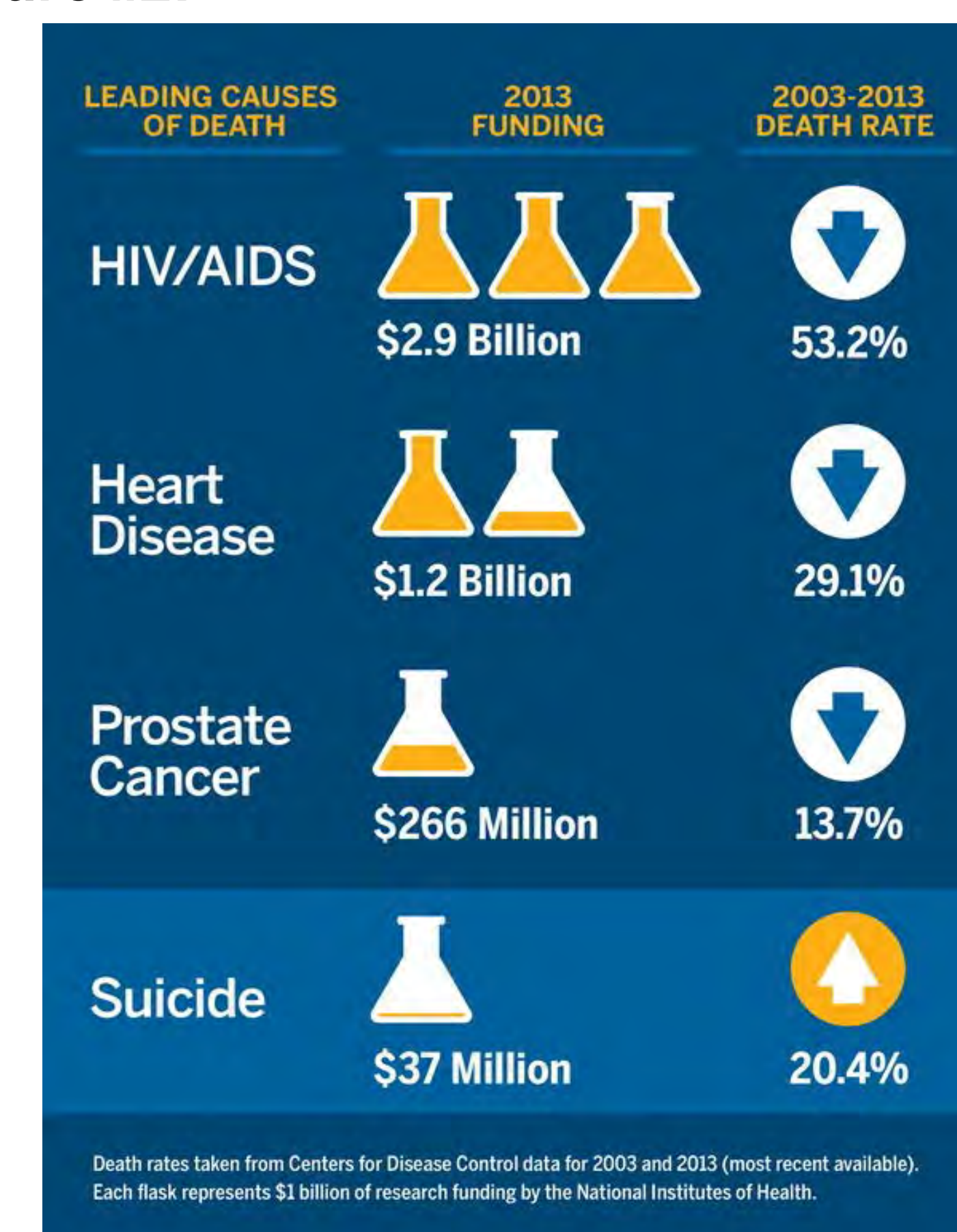
Advocacy is the act of creating political, economic, and social change. Knowledge about the process of creating change is crucial for effective advocacy – however, it is also necessary to have a sense of aptitude, confidence in the skill and relevance of this act. Advocacy is not an innate ability. It must be learned and practiced.

Suicide prevention requires an active agenda for advocacy due to the history of silence and ignorance that has surrounded it. Suicide is the only top ten cause of death in America that is still experiencing a rising trend - it also gets the least amount of federal research funding (Figure 2). Research is imperative to identify risk factors and effective programming. This must then be followed by implementation in a way that provides access by the community it targets. Advocacy is effective in drawing the focus of legislative and community leaders to an issue requiring public policy support.

Service Learning

Educational opportunities are needed to address the cognitive components of suicide as a health issue and advocacy as a professional responsibility. However, the affective and procedural domains must also be addressed in order to make the transition of this knowledge to practical use. There is substantial evidence that service learning is effective in addressing attitudes towards marginalized issues. It is also a powerful mechanism to improve self-efficacy in a skill.⁹

Figure #2:



Retrieved from: <http://afsp.org/american-lives-risk-major-investment-needed-suicide-research/>

Proposed Program

- Development of collaborative partner(s)
- Identification of a course with content related to health and/or advocacy.
- Development of a curriculum that will include:
 - Classroom discussion of suicide, suicide prevention, and impact of advocacy
 - Interactive tasks to explore attitudes about mental illness and suicide (eg. opinion paper; debate)
 - Role-play to practice skills related to public speaking and effective advocacy
 - Evaluation of community need(s) in order to be a suicide-safe environment
 - Culminating activity in advocacy
 - Debriefing, appraisal of results, and description of further actions needed
- Pre-testing and post-testing on knowledge, experience, and attitudes towards suicide prevention and advocacy
- Modification of curriculum as needed
- Dissemination of results and program



Image 2:
Students speak
to legislative
aide at state
capitol

Conclusion

Establishing a partnership between UMass and AFSP to develop service learning coursework to meet the goals of educating students in health-related majors in aspects of suicide prevention and advocacy would benefit both parties. Goals would include program development and evaluation.

Bibliography

1. National Center for Health Statistics. (2015) Health, United States, 2014: With Special Feature on Adults Aged 55–64. Hyattsville, MD.
2. Centers for Disease Control and Prevention (CDC). (2013) Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. National Center for Injury Prevention and Control, CDC (producer). Available from URL: www.cdc.gov/injury/wisqars/index.html.
3. Han, B. Hedden, S.L., & Lipari, R. (2015) Receipt of Service from Behavioral Health Problems: Results from the 2014 National Survey of Drug Use and Health. Retrieved from: <http://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FRR3-2014/NSDUH-DR-FRR3-2014/NSDUH-DR-FRR3-2014.pdf>
4. Smith, M. Perlis, M., & Haythornthwaite, J. (2004). Suicidal ideation in outpatients with chronic musculoskeletal pain. *Clinical Journal of Pain*, 20, 111-118.
5. Webb, R. T., Kontopantelis, E., Doran, T., Qin, P., Creed, F., & Kapur, N. (2012). Suicide risk in primary care patients with major physical diseases: a case-control study. *Archives of General Psychiatry*, 69(3), 256-264.
6. Kaplan, M.S., McFarland, B.H., Huguet, N., & Newsom, J.T. (2007). Physical illness, functional limitations, and suicide risk: a population-based study. *American Journal of Orthopsychiatry*, 77(1), 56-60.
7. Luoma, J.B., Martin, C.E., & Pearson J.L. (2002). Contact with mental health and primary care providers before suicide: a review of the evidence. *American Journal of Psychiatry*, 159(6), 909-911.
8. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. (September, 2012) *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. Washington, DC.
9. Hogan, S.R. & Bailey, C.E. (2010). Service Learning as a Mechanism for Change in Attitudes and Perceptions of Human Services Students toward Substance-Dependent Mothers. *Journal of Teaching in Social Work*, 30(4), 420-434.